

CORRES CONTROL  
OUTGOING LTR #

DOE ORDER #

05-RF-00875

DIST	LTR	ENC
CROCKETT, G		
FERRERA, D.W.	X	X
GILPIN, H.E.		
LONG, J.W.		
MUNDAY, D.C.		
HELTON, D.C.		
UOR, N.R.		
NYDER, D		
ACGRORY, M		
SEAN, C.		
INSINBIGLER, H		
TESTA, S.	X	X
ARMROSE, A		
VIEMELT, K		
ROBERTS, F	X	X
ABLE, J.	X	X
HEHWEG, R. E.	X	X
ININGER, R.	X	X

CORRES CONTROL	X	X
ATS		
DMN-RECORD	X	X
ASTE REC CTR		
RAFFIC		
CLASSIFICATION:		
UNCLASSIFIED	X	X
CONFIDENTIAL		
SECRET		

AUTHORIZED CLASSIFIER  
SIGNATURE:


IN REPLY TO RFP CC #:

ACTION ITEM STATUS:

☐ PARTIAL/OPEN☐ CLOSED

LTR APPROVALS:

ast Name)

ast Name)

ORIG. &amp; TYPIST INITIALS:

JRC:rlm

Letter # DWF-097-05



September 21, 2005

05-RF-00875

John J. Rampe  
Director Project Management Division  
DOE, RFPO

Attn: C. Franklin

MONTHLY DISCHARGE MONITORING REPORT - NPDES PERMIT NO. CO-0001333 - DWF-097-05

Action: Transmit to EPA and CDPHE

The August 2005 Discharge Monitoring Report (DMR), required by the Rocky Flats Environmental Technology Site National Pollutant Discharge Elimination System (NPDES) Permit is enclosed. During the August 2005 reporting period, there was no discharge from the Sewage Treatment Plant (Outfall ST1), which is indicated on the forms. As directed by the form instructions, "No Discharge" is written across the form in place of data entry.

On November 24, 2004 the co-permittees provided formal notification to Environmental Protection Agency of the abandonment of Outfall STP1 and requested agency action to remove the outfall from the current permit. Until that action is taken, the requirement to submit monthly reports remains in effect. Once agency action is taken, the requirement for monthly reports will be removed.

Please sign and date the DMR forms and transmit them to the EPA and the Colorado Department of Public Health and Environment. The NPDES permit requires that the report be postmarked no later than September 28, 2005, and be sent to the following addressees:

U.S. E.P.A., Region VIII  
Office of Enforcement, Compliance and  
Environmental Justice  
Planning and Targeting (8ENF-PT)  
999 - 18th Street, Suite 500  
Denver, CO 80202-2466

Attn: Ms. Sandra Johnson

Colorado Department of Public Health and  
Environment  
WQCD - PWQPS - B2  
4300 Cherry Creek Drive South  
Denver, CO 80246-1530

Attention: Mr. Dave Akers, Manager

If you have any questions or desire additional information on this matter please contact J. R. Cable at extension 7498.

ADMIN RECORD

Kaiser-Hill Company, LLC

Rocky Flats Environmental Technology Site, 10808 Hwy. 93 Unit B, Golden CO 80403-8200 303-966-7000

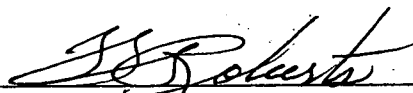
SW-A-005244

September 21, 2005  
John J. Rampe  
Director Project Management Division  
DOE, RFPO

We certify under penalty of law that this document and all enclosures were prepared under our direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on our inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of our knowledge and belief, true, accurate, and complete. We are aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.



Dennis W. Ferrera  
Vice President, Project Manager  
Remediation, Industrial, and Site Services  
Kaiser-Hill Company, L.L.C.



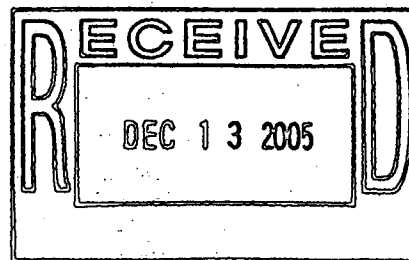
Frances L. Roberts  
General Manager  
Rocky Flats Closure Site Services, L.L.C.

JRC:rlm

Enclosures:  
As Stated

Original and 1 cc – John Rampe

cc: C. Franklin, DOE/RFPO



PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME USDOE-ROCKY FLATS FIELD OFFICE

ADDRESS 10808 HIGHWAY 93, UNIT A  
GOLDEN CO 80403-8200

FACILITY USDOE-ROCKY FLATS FIELD OFFICE

LOCATION GOLDEN CO 80403-8200

ATTN: JOE LEGARE ASST MGR/ENV COMP

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

CP0001333

PERMIT NUMBER

014 A

DISCHARGE NUMBER

MAJOR

F - FINAL

DISCH OF PROD WATER FROM EVAP

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CONDUCTIVITY	SAMPLE MEASUREMENT	*****	*****		*****			( 11 )			
00094 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	75 30DA AVG	150 DAILY MX	UMHQ/ CM		CONTINUOUS	RECORD
PH	SAMPLE MEASUREMENT	*****	*****			*****		( 12 )			
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		DAILY GRAB	
PURGEABLE HYDRO-CARBONS, METH. 601	SAMPLE MEASUREMENT	*****	*****		*****	*****		( 28 )			
03768 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	UG/L		ONCE/ MONTH	GRAB
FLOW	SAMPLE MEASUREMENT			( 07 )	*****	*****	*****				
74076 1 0 0	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	GPD	*****	*****	*****	***		CONTINUOUS	RECORD
METALS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	*****		( 28 )			
78240 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	UG/L		ONCE/ MONTH	COMPOS
ALPHA GROSS PARTICLE ACTIVITY	SAMPLE MEASUREMENT	*****	*****		*****	*****		( 17 )			
80045 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	11 30DA AVG	PGI/L		TWICE/ MONTH	COMPOS
GROSS BETA	SAMPLE MEASUREMENT	*****	*****		*****	*****		( 17 )			
85817 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	19 30DA AVG	PGI/L		TWICE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE		
				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO DISCHARGE OCCURS DURING THE ENTIRE MONITORING PERIOD, IT SHALL BE STATED THAT NO DISCHARGE OR OVER FLOW OCCURRED.

NAME USDOE-ROCKY FLATS FIELD OFFICE  
ADDRESS 10808 HIGHWAY 93, UNIT A  
GOLDEN CO 80403

FACILITY USDOE-ROCKY FLATS FIELD OFFICE  
LOCATION GOLDEN CO 80401

ATTN: JOE LEGARE, ASST MGR/ENV COMP

DISCHARGE MONITOR

68001333

PERMIT NUMBER

57P 1 DISCHARGE NUMBER.

MAJOR

FINAL  
DISCHARGE FROM SEWAGE TREAT PLT

NO DISCHARGE  
\*\*\*

**NOTE:** Read Instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				NO. OF EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
PH	SAMPLE MEASUREMENT	**	**	**	**	**	**	**	**	**	**
00400 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**	**	**	**	**	**	**	**	**	**
ALKALINITY, TOTAL (AS CaCO3)	SAMPLE MEASUREMENT	**	**	**	**	**	**	**	**	**	**
00410 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**	**	**	**	**	**	**	**	**	**
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	**	**	**	**	**	**	**	**	**	**
00530 RAW SEWAGE INFLUENT	PERMIT REQUIREMENT	**	**	**	**	**	**	**	**	**	**
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	**	**	**	**	**	**	**	**	**	**
00530 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**	**	**	**	**	**	**	**	**	**
OIL & GREASE	SAMPLE MEASUREMENT	**	**	**	**	**	**	**	**	**	**
00556 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**	**	**	**	**	**	**	**	**	**
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	**	**	**	**	**	**	**	**	**	**
00610 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**	**	**	**	**	**	**	**	**	**
NITROGEN, NITRITE TOTAL (AS N)	SAMPLE MEASUREMENT	**	**	**	**	**	**	**	**	**	**
00615 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**	**	**	**	**	**	**	**	**	**
NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER											
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.											
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT											
TELEPHONE											
DATE											
AREA NUMBER											
YEAR											
MO											
DAY											
TYPED OR PRINTED											

DATE	TIME	LOCATION	OFFICER	REMARKS
11-11-77	11:00	1000	1000	1000
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)				

IF NO DISCHARGE OCCURS DURING THE ENTIRE MONITORING PERIOD, IT SHALL BE STATED THAT NO DISCHARGE OR FLOW OCCURRED.



PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME USDOE-ROCKY FLATS FIELD OFFICE

ADDRESS 10808 HIGHWAY 93, UNIT A

GOLDEN

CO 80403-8200

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

C00001333

PERMIT NUMBER

STP 1

DISCHARGE NUMBER

MAJOR

Form Approved  
OMB No. 2040-0004

FACILITY USDOE-ROCKY FLATS FIELD OFFICE

LOCATION GOLDEN

CO 80403-8200

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
05	08	01	TO	05	08
					31

F - FINAL  
DISCHARGE FROM SEWAGE TRMT PLT

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read instructions before completing this form.

ATTN: JOE LEGARE, ASST. MGR/ENV COMP

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
NITROGEN, NITRATE TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	*****		19		
00620 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MAX		TWICE/COMPOS WEEK	
EFFLUENT GROSS VALUE				****						
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****			19		
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30DA AVG	DAILY MAX		TWICE/COMPOS WEEK	
EFFLUENT GROSS VALUE				****						
CHROMIUM TOTAL RECOVERABLE	SAMPLE MEASUREMENT	*****	*****		*****	*****		28		
01118 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30DA AVG	DAILY MAX		TWICE/COMPOS MONTH	
EFFLUENT GROSS VALUE				****						
CHROMIUM, HEXAVALENT DISSOLVED (AS CR)	SAMPLE MEASUREMENT	*****	*****		*****	*****		28		
01220 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30DA AVG	DAILY MAX		SEE CRAB PERMIT	
EFFLUENT GROSS VALUE				****						
SILVER, POTENTIALLY DISSOLVED	SAMPLE MEASUREMENT	*****	*****		*****	*****		28		
01304 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30DA AVG	DAILY MAX		WEEKLY COMPOS	
EFFLUENT GROSS VALUE				****						
CARBON TETRACHLORIDE	SAMPLE MEASUREMENT	*****	*****		*****	*****		28		
32102 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	30DA AVG		ONCE/ GRAB MONTH	
EFFLUENT GROSS VALUE				****						
1,2-DICHLOROETHANE	SAMPLE MEASUREMENT	*****	*****		*****	*****		28		
32103 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	30DA AVG		ONCE/ GRAB MONTH	
EFFLUENT GROSS VALUE				****						

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE

TYPED OR PRINTED

AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO DISCHARGE OCCURS DURING THE ENTIRE MONITORING PERIOD, IT SHALL BE STATED THAT NO DISCHARGE OR OVER FLOW OCCURRED.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME USDOE-ROCKY FLATS FIELD OFFICE

ADDRESS 10808 HIGHWAY 93, UNIT A

GOLDEN

CD 80403-8200

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

CD0001333

PERMIT NUMBER

STP 1

DISCHARGE NUMBER

MAJOR

Form Approved.  
OMB No. 2040-0004

FACILITY USDOE-ROCKY FLATS FIELD OFFICE

LOCATION GOLDEN

CD 80403-8200

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
05	08	01	05	08	31

F - FINAL

DISCHARGE FROM SEWAGE TRMT PLT

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

ATTN: JOE LEGARE, ASST MGR/ENV COMP

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BENZENE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(28)			GRAB
34030 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	300A AVG	UG/L		ONCE/MONTH	GRAB
1,1-DICHLOROETHYLENE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(28)			GRAB
34501 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	300A AVG	UG/L		ONCE/MONTH	GRAB
1,1,1-TRICHLOROETHANE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(28)			GRAB
34506 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	200 300A AVG	UG/L		ONCE/MONTH	GRAB
DICHLORODIBROMOETHANE, 1,2-	SAMPLE MEASUREMENT	*****	*****		*****	*****		(28)			GRAB
38676 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	70 DAILY MX	UG/L		ONCE/MONTH	GRAB
TRICHLOROETHYLENE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(28)			GRAB
39180 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	300A AVG	UG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****		(03)	*****	*****	*****				CONTINUOUS
50050 1 0 0	PERMIT REQUIREMENT	*****	0.5 300A AVG	MGD	*****	*****	*****	***		CONTINUOUS	CORD
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	*****		(13)			LOG
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	200 300A GEO	400 7 DA GEO	100ML	TWICE/WEEK	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					TELEPHONE		DATE		
TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER		YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO DISCHARGE OCCURS DURING THE ENTIRE MONITORING PERIOD, IT SHALL BE STATED THAT NO DISCHARGE OR OVER FLOW OCCURRED.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME USDDE-ROCKY FLATS FIELD OFFICE  
ADDRESS 10808 HIGHWAY 93, UNIT A  
GOLDEN CO 80403-8200

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved.  
OMB No. 2040-0004

MAJOR

C000001333  
PERMIT NUMBER

SIP 1  
DISCHARGE NUMBER

FACILITY USDDE-ROCKY FLATS FIELD OFFICE  
LOCATION GOLDEN  
ATTN: JOE LEGARE, ASST MGR/ENV COMP

MONITORING PERIOD  
YEAR MO DAY YEAR MO DAY  
05 08 01 TO 05 08 31

F - FINAL

DISCHARGE FROM SEWAGE TRMT PLT.

\*\*\* NO DISCHARGE \*\*\*  
NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. OF ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
ALPHA, GROSS PARTICULATE ACTIVITY	*****	*****	*****	*****	*****	*****	*****	*****	*****
80045 1 0 0	*****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	*****
BOD, CARBONACEOUS	*****	*****	*****	*****	*****	*****	*****	*****	*****
05 DAY, 20C	*****	*****	*****	*****	*****	*****	*****	*****	*****
80082 0 0 0	*****	*****	*****	*****	*****	*****	*****	*****	*****
RAW SEW/INFLUENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
BOD, CARBONACEOUS	*****	*****	*****	*****	*****	*****	*****	*****	*****
05 DAY, 20C	*****	*****	*****	*****	*****	*****	*****	*****	*****
80082 1 0 0	*****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	*****
BOD, CARBONACEOUS	*****	*****	*****	*****	*****	*****	*****	*****	*****
PERCENT REMOVAL	*****	*****	*****	*****	*****	*****	*****	*****	*****
80358 K 0 0 0	*****	*****	*****	*****	*****	*****	*****	*****	*****
PERCENT REMOVAL	*****	*****	*****	*****	*****	*****	*****	*****	*****
SOLIDS, SUSPENDED	*****	*****	*****	*****	*****	*****	*****	*****	*****
PERCENT REMOVAL	*****	*****	*****	*****	*****	*****	*****	*****	*****
81011 K 0 0 0	*****	*****	*****	*****	*****	*****	*****	*****	*****
PERCENT REMOVAL	*****	*****	*****	*****	*****	*****	*****	*****	*****
OIL AND GREASE	*****	*****	*****	*****	*****	*****	*****	*****	*****
84066 1 0 0	*****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	*****
TETRACHLOROETHYLENE	*****	*****	*****	*****	*****	*****	*****	*****	*****
85814 1 0 0	*****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	*****
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER									
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER			DATE			
TYPED OR PRINTED			TYPED OR PRINTED			DATE			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
IF NO DISCHARGE OCCURS DURING THE ENTIRE MONITORING PERIOD, IT SHALL BE STATED THAT NO DISCHARGE OCCURRED OVER FLOW OCCURRED.



PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME USDOE-ROCKY FLATS FIELD OFFICE

ADDRESS 10808 HIGHWAY 93, UNIT A

GOLDEN

CO 80403-8200

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

000001333  
PERMIT NUMBER

STP 1  
DISCHARGE NUMBER

MAJOR

Form Approved  
OMB No. 2040-0004

FACILITY USDOE-ROCKY FLATS FIELD OFFICE

LOCATION GOLDEN

CO 80403-8200

ATTN: JOE LEGARE, ASST MGR/ENV COMP

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
05	08	01	TO	05	08	31

FINAL  
DISCHARGE FROM SEWAGE TRMT PLT

\*\*\* NO DISCHARGE \*\*\*  
NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
GROSS BETA	SAMPLE MEASUREMENT	*****	*****		*****	*****		175			
85817 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	19 PC/L			TWICE/COMPOS	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						30DA AVG			MONTH	
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NO DISCHARGE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE DATE
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO DISCHARGE OCCURS DURING THE ENTIRE MONITORING PERIOD, IT SHALL BE STATED THAT NO DISCHARGE OR OVER FLOW OCCURRED.